



# WSCFF Life & Disability Program

## Additional Life Enrollment Application

The Standard  
 DiMartino Associates  
 1501 4th Avenue, Suite 2400  
 Seattle, WA 98101  
 Fax: 206-812-7555  
 laura@dimarinc.com

**Please check one:**       Beneficiary Change Only       Address Change

<input type="checkbox"/> <b>New Enrollee</b> - Applying for coverage within 60 days of being eligible <u><b>Guarantee Issue:</b></u> Member: \$100,000 Spouse: \$20,000 Child: \$5,000 <i>(Medical underwriting is required for amounts over Guarantee Issue)</i>	<input type="checkbox"/> <b>Late Enrollee</b> - Applying for coverage after 60 days of becoming eligible for the plan <i>(Medical underwriting is required on all amounts)</i>	<input type="checkbox"/> <b>Current Enrollee</b> - I currently have Additional Life and am requesting an increase in coverage. Current Amount: \$ _____ Requested Increase: \$ _____ Total Coverage Amount: \$ _____
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**Coverage Selected**

- Additional Life (Member):** Total Amount Requested \$ \_\_\_\_\_  
 (\$10,000 increments; \$10,000 minimum, \$500,000 maximum)
- Additional Dependent Life (Spouse):** Total Amount Requested \$ \_\_\_\_\_  
 (\$5,000 increments; \$5,000 minimum, \$250,000 maximum; *cannot exceed 100% of member's coverage amount*)
- Additional Dependent Life (Child):** Total Amount Requested: \$5,000

Admin Unit

**Employee Information:**

Name of Employer	Local #	Policy #	
Name of Employee (last, first, middle initial)	Social Security Number	Full-Time Employment Date	
Home Address of Employee	Hours worked per week	Home Phone Number	
City, State, Zip Code	Employee Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Monthly Earnings
Email Address	Job Titles	Job Duties	

**Spouse Information: (if applicable)**

Name of Spouse	Social Security Number	Spouse Date of Birth	Date of Marriage
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**Dependent Children:** By electing dependent child coverage, you are covering all eligible children under age 26. You must elect Dependent Child coverage within 60 days of birth of your first child. Going forward, all future children will be automatically covered under the benefit. Remember to let DiMartino Associates know when you no longer have children under age 26 so we may remove the coverage.

**Beneficiary Information:**

Name	Address	Relationship		%
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

PLEASE READ CAREFULLY: I wish to apply for group insurance under the policy(ies) issued by The Standard. I authorize my employer to deduct premiums from my earnings. I represent that all answers given are full, complete and true to the best of my knowledge, information and belief. I understand that: 1) Any Life insurance in effect may be eligible for continued Life insurance through Waiver of Premium if I become disabled under Long Term Disability prior to age 60, 2) Life insurance amounts are subject to the age reduction schedule as written in the Policy, and 3) If I leave employment, I may have the option to port my Life insurance (with certain restrictions) or convert to a whole life policy. See *Portability and Conversion in the Policy Certificate*.

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**BENEFICIARY INFORMATION**

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent beneficiary if you are not survived by one or more beneficiary(ies).
- If you name two or more beneficiaries in a class:
  - A) Two or more surviving beneficiaries will share equally, unless you provide for unequal shares.
  - B) If you provide for unequal shares in a class and two or more beneficiaries in that class survive, we will pay each surviving beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased beneficiary(ies), to the surviving beneficiaries, pro rata based on the relationship that the designated percentage or fractional share of each surviving beneficiary bears to the total shares of all surviving beneficiaries.
  - C) If only one beneficiary in a class survives, we will pay the total death benefit to that beneficiary.
- If a minor (a person not of legal age), or your estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a Trust or Trustee, the written Trust must be identified in the beneficiary designation. For example, "Dorothy Q. Smith Trustee under the Trust agreement date \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make a change of beneficiary designation. If you have questions, please consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.